

MACOMB COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES DIVISION  
43525 Elizabeth Rd.  
Mt. Clemens, MI 48043  
586-469-5236

FOOD SERVICE ESTABLISHMENT PLAN SUBMITTAL INSTRUCTIONS

The Michigan Food Law, Act 92, and the 1999 Food Code requires that:

When a *food service establishment*\* is hereafter constructed or extensively remodeled, or when an existing structure is converted for use as a food service establishment, properly prepared plans and specifications shall be submitted to the regulatory authority for review and approval **before** construction, remodeling, or alteration is begun.

To prevent possible delays in the review process, all of the following items must be completed and compiled into a single package and submitted to this department. For further information, see the plan review manual.

**1. Application**

<b>2. The plan review fee:</b>	New Establishment	\$379.00
<b>(2006)</b>	Each Additional Identical Plan Submitted Simultaneously	\$ 76.00
	Remodeling	\$151.00
	Evaluation Inspection	\$ 93.00

**3. Completed Plan Review Worksheet** - available at [www.michigan.gov/mda](http://www.michigan.gov/mda) keyword: food plan review - industry

**4. Menu**

If your facility does not have a formal, set menu, such as a school with a rotating menu, submit representative sample menus or a list of foods offered for sale or service.

**5. Standard Operating Procedures (SOP's)**

SOP's appropriate to your operation shall be submitted prior to approval to operate.

**6. One (1) complete set of plans drawn to scale. Show:**

- Proposed layout, with all equipment identified. Label sinks and prep tables with their intended use.
- Plumbing: hand sinks, food preparation sink, dishwashing sinks and machines, water supply piping, hot water equipment, water heater, sewer drains, grease traps and floor drains/sinks.
- Construction materials of such items as custom cabinets and any other built-in items.
- Interior room finish schedules.
- Lighting plan, indicating which lights are shielded.
- Site Plan, including details of outside garbage storage areas, exterior storage areas and on-site water well and sewage disposal system data (if applicable).

- “Food service establishment means a fixed or mobile restaurant, coffee shop, cafeteria, short order café, luncheonette, grill, tearoom, private organization serving the public, rental hall, catering kitchen, delicatessen, theater, commissary, or similar place in which food or drink is prepared for direct consumption through service on the premises or elsewhere, and any other eating or drinking establishment or operation where food is served or provided for the public.” [Act 92 of 2000, Sec. 1107(k)]

## 7. Specifications

- Include manufacturer’s specifications for each piece of equipment. Minimum information for each piece of equipment includes the following (Note: the manufacturer’s specification or “cut” sheet typically provides most of this information):
  - Type
  - Manufacturer
  - Model number
  - Dimensions
  - Performance capacity
  - Indicate how equipment will be installed (i.e. on wheels, fixed, or flexible utility connections)
  - Indicate which items are used equipment and what equipment is NSF approved or equivalent.
  - Sanitation Standard Operating Procedures (SSOP’s). Include any available cleaning and maintenance instructions for food processing, cutting and grinding equipment.

## 8. One (1) set of Mechanical Plans drawn to scale (if applicable)

*NOTE: If remodeling an existing food service facility, check with the local mechanical inspector to determine whether mechanical plans are required.*

- Include make-up air systems, air balance schedule and cooking ventilation systems (including hood, duct and exhaust fans).

Approvals, modifications, or denials will be conveyed to you in a letter in approximately two to three workweeks. All plans and revisions are reviewed on a first come first serve basis. Therefore, it is recommended that revisions be submitted in a timely manner. Be sure that all contractors, sub-contractors, etc. are made aware of corrections, stipulations and recommendations.

Your establishment may not open for business until an opening inspection is conducted and approval granted by this department. The following documentation must be provided before an opening inspection will be scheduled:

- an application for a food service establishment license has been made and fee paid.
- verification of final approval by mechanical inspector is submitted (if applicable).

Contact this department at least 48 hours (two workdays) in advance for the required opening inspection. If you are remodeling an existing food service establishment you are required to obtain a final inspection when construction/installation has been completed. Schedule the required inspection 48 hours (two workdays) after completion of construction.

**You must contact this department promptly if there are any changes or revisions to the plans, building, equipment, installation or menu. It may be necessary to submit revised plans for review.**

Should you have any questions regarding plan submission requirements or opening procedures, feel free to contact this department at (586) 469-5236.



## Food Establishment Plan Review Application

Meets the Michigan Food Law requirement for a transmittal letter to be submitted with the plans.

Establishment Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Establishment Phone: \_\_\_\_\_

Location Information: Between \_\_\_\_\_ & \_\_\_\_\_ street

Prior Establishment Name: \_\_\_\_\_

<b>Owner</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	<b>Food Service Equipment Supply Co.</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____
<b>Architect</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____	<b>General Contractor</b> Name _____ Address _____ City, State _____ Zip _____ Phone # _____ Fax # _____ E-Mail _____

Which of the above will serve as the primary contact? \_\_\_\_\_

Which of the above should all correspondence be mailed to? \_\_\_\_\_

Proposed construction start date: \_\_\_\_\_ Proposed opening date: \_\_\_\_\_

For reviewing agency use only:

Fee \$: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Plan Review #: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Remarks: \_\_\_\_\_

[www.michigan.gov/mda](http://www.michigan.gov/mda), keyword: Food Plan Review - Industry

## General Information

**Hours of Operation:** \_\_\_\_\_

**Seating Capacity (include bar):** \_\_\_\_\_ **Facility Size (square feet):** \_\_\_\_\_

**Minimum staff per shift:** \_\_\_\_\_ **Maximum staff per shift:** \_\_\_\_\_

**These plans are for a:**    ☐ New establishment    **What describes the establishment better?**  
                                      ☐ Remodeling                    ☐ On-site Preparation  
                                      ☐ Conversion                    ☐ Serving Site

**Will part of the operation be outdoors (bar, dining, storage, cooking, etc.)?**    ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**Type of Operation** (check all that apply)

### A. Restaurant Related

<input type="checkbox"/> Sit down meals	<input type="checkbox"/> Commissary	<input type="checkbox"/> Buffet or salad bar
<input type="checkbox"/> Counter	<input type="checkbox"/> Church	<input type="checkbox"/> Tableside / display cooking
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Take out menu	<input type="checkbox"/> Hospital
<input type="checkbox"/> Fast food	<input type="checkbox"/> Catering	<input type="checkbox"/> Bottling alcoholic beverages
<input type="checkbox"/> Bar with food prep	<input type="checkbox"/> Mobile vendor	<input type="checkbox"/> Special transitory food unit

## B. Grocery Related

<input type="checkbox"/> Grocery store	<input type="checkbox"/> Produce processing	<input type="checkbox"/> Wholesale foods
<input type="checkbox"/> Fresh Meat	<input type="checkbox"/> Smoked fish	<input type="checkbox"/> Repackage / processor of:
<input type="checkbox"/> Seafood / fish	<input type="checkbox"/> Bakery	<input type="checkbox"/> _____
<input type="checkbox"/> Deli	<input type="checkbox"/> Commissary	<input type="checkbox"/> Water bottling
<input type="checkbox"/> Ice production / packaging	<input type="checkbox"/> Self-service bulk items	<input type="checkbox"/> Bottling alcoholic beverages
<input type="checkbox"/> Produce	<input type="checkbox"/> Self-service baked goods	

**Please summarize the proposed project.**

[illegible]

I certify that the plan review application package submitted is accurate to the best of my knowledge.

Signature of owner or representative \_\_\_\_\_ Date \_\_\_\_\_

Please print name and title here \_\_\_\_\_

## Food Establishment Plan Review Process

New Food Establishment/Remodeling/Conversion

Obtain plan review application package.  
Applicant contacts regulatory agency that will conduct inspections.  
This is either the local health department (LHD) or  
Michigan Department of Agriculture (MDA) regional office.

Submit plans, equipment specification sheets, SOP's, menu & completed worksheet.  
Review conducted by LHD or MDA and other agencies.  
Also, obtain approvals for any on-site water supply or sewage disposal systems.

Provide additional information, if requested

Plan Approval

### **CONSTRUCTION BEGINS\***

Approved plans kept on-site during construction.  
Revisions to approved plans must be  
Submitted in writing and approved.

Applicant applies for license 30 days prior to opening.

When requested, complete and submit air balance test report,  
plus the mechanical department's approval of ventilation system.

Make appointment for pre-opening inspection  
As required by the regulatory agency.  
SOP's must be submitted and reviewed prior to opening.

Operational Approval

\*Agencies have the authority to issue a stop work order when construction begins before plans are approved.

# MECHANICAL FINAL INSPECTION VERIFICATION

Verification of final approval of ventilation system by the mechanical inspector must be submitted to the Macomb County Health Department prior to scheduling an opening inspection.

OWNER NAME\_\_\_\_\_

ESTABLISHMENT NAME\_\_\_\_\_

STREET ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_

## TO BE COMPLETED BY STATE OR LOCAL MECHANICAL INSPECTOR

AGENCY NAME\_\_\_\_\_

APPROVED BY\_\_\_\_\_

NAME (Print)

TITLE

SIGNATURE\_\_\_\_\_

DATE OF FINAL APPROVAL\_\_\_\_\_